


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p>FILED</p> <p>07 SEP 10 PM 1:18</p> <p>ALLIANCE STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # P04000030976					
1. Corporation Name Brightstar International Group Inc 15751 Sheridan St # 206 SW Ranches Fl 33331					
2. Principal Office Address - No P.O. Box # 15751 Sheridan St Suite, Apt. #, etc. # 206 City & State SW Ranches Fl Zip 33331 Country USA			3. Mailing Office Address 15751 Sheridan St. Suite, Apt. #, etc. # 206 City & State SW Ranches Fl Zip 33331 Country USA		
REINSTATEMENT 05-07 CR2E081 (1/07)					
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number 35-230 7244					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name ISARA G. Nesta Palomino Street Address (P.O. Box Number is Not Acceptable) 15751 Sheridan St. # Suite, Apt. #, Etc. # 206 City SW Ranches State FL Zip Code 33331					
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent: <u>Isara Palomino</u> Date: <u>9-7-07</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	ISARA G. PALOMINO	15751 Sheridan St #206	SW Ranches Fl 33331		
T.S.	JOANNA MORROW	15751 Sheridan St #206	SW Ranches Fl 33331		
				500109270075 09/10/07--01041--023 **450.00	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Isara Palomino</u> Date: <u>9-7-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					